

APPLICATION FOR A LICENSE TO CONDUCT A  
RECREATIONAL CAMP FOR CHILDREN

**FEE: \$50**

Name of Camp: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Camp:      Day \_\_\_\_\_      Residential \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Dates of Operation:    Opening: \_\_\_\_\_      Closing: \_\_\_\_\_

Water Supply:      Public \_\_\_\_\_      Private (Well): \_\_\_\_\_

Swimming Pool: Yes \_\_\_\_\_      Pool Permit Number \_\_\_\_\_      No \_\_\_\_\_

Bathing Beach:    Yes \_\_\_\_\_      No \_\_\_\_\_

Meals Provided:    Yes \_\_\_\_\_      Food Permit Number \_\_\_\_\_      No \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Offical Title: \_\_\_\_\_      Date: \_\_\_\_\_

**Camp Director**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Coursework in camping administration: \_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

### Health Care Consultant

Name: \_\_\_\_\_

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): \_\_\_\_\_

MA License Number: \_\_\_\_\_

### Health Supervisor

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159 (C): \_\_\_\_\_

### Aquatics Director

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Lifeguard Certificate issued by: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American Red Cross First Aid Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_